

Knowledge, Attitudes, and Behavior of Pregnant Women about HIV Screening

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ABSTRACT

Background: HIV infection is one of the infectious diseases that are classified as factors that can affect the death of mother and child. According to the Ministry of Health of the Republic of Indonesia (2016), *Human Immunodeficiency Virus* (HIV) is a virus that attacks the human immune system. While *Acquired Immunodeficiency Syndrome* (AIDS) is a collection of symptoms of the disease that can lead to a decrease in the immune system caused by HIV. This study aims to find out the knowledge, attitudes, and behavior of pregnant women in conducting HI tests. **Method:** this research is quantitative research with a *cross-sectional* research design with incidental sampling techniques. The population that is used as the source of this research is the examination of pregnant women at Arga Husada Hospital, which is as many as 150 pregnant women. The analysis was used in univariate analysis and bivariate analysis using *chi-square* statistical tests. **Result:** The knowledge variable shows the result that the *p-value* is 0.397 which means there is no relationship between knowledge and HIV test behavior. Attitude variables show a *p-value* of 0.001 which means that there is a relationship between pregnant women's attitudes towards HIV testing. **Conclusion:** Knowledge is not related to HIV test behavior and there is a relationship between pregnant women's attitudes towards HIV testing.

Kata kunci: attitude, behavior, HIV screening, knowledge



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INTRODUCTION

Indonesia is one of the countries that has HIV susceptibility. Indonesia is the fifth country in The World most at risk of HIV/AIDS transmission. HIV infection is one of the infectious diseases that are classified as factors that can affect the death of mother and child. According to the Ministry of Health of the Republic of Indonesia (2016), *Human Immunodeficiency Virus* (HIV) is a virus that attacks the human immune system. While *Acquired Immunodeficiency Syndrome* (AIDS) is a collection of symptoms of the disease that can lead to a decrease in the immune system caused by HIV.

Pregnant women with HIV positive in developing countries can transmit 25-35% of all babies born and 90% of babies contract HIV from their mothers (Hasdianah, 2014). Pregnant women are a group at risk of contracting HIV. The number of pregnant women infected with HIV has an impact on the baby conceived by pregnant women because HIV transmission from mother to baby is the end of the HIV transmission chain (Isni, 2016).

This study aims to find out the knowledge, attitudes, and behavior of pregnant women in conducting HIV tests at Arga Husada Hospital, Kediri Regency. The behavioral theory used in this study is a modification of *Lawrence Green* and *Theory Reasoned Action's theory*.

METHOD

This research was conducted at Arga Husada Hospital in Kediri Regency in January-March 2021. This type of research is quantitative research with a *cross-sectional* research design. The free variables taken in the study were age, occupation, education level, knowledge, attitudes, health worker support, family support, access to services, subjective norms, and intentions about HIV testing. The variables tied in this study are the behavior of pregnant women in conducting HIV tests. The population that is used as the source of this research is the examination of pregnant women at Arga Husada Hospital, which is as many as 150 pregnant women. The sampling technique used in the study is *incidental sampling*. The sample taken in this study was 150 pregnant women based on inclusion criteria and exclusion criteria. The criteria for respondents who were used as research samples were 1) inclusion criteria (pregnant women, pregnant women visiting Arga Husada Hospital, pregnant women who became respondents); 2) exclusion criteria (pregnant women who are not willing to participate as respondents). The data source in this study consists of primary data and secondary data. Primary data was obtained using questionnaires and secondary data by conducting interviews with midwives at Arga Husada Hospital. Data retrieval techniques consist of interviews and documentation. This research procedure includes the pre-research stage, the research stage, and the post-research stage. Data processing techniques include *editing, coding, scoring, tabulating, and entry*. Data is processed and analyzed with a computer. Univariate analysis is presented in the form of a table of frequency distributions and percentages of each variable both free and bound variables and bivariate analysis using *chi-square* statistical tests.

RESULT AND DISCUSSION

Table 1.1. Distribution of respondents based on univariate analysis

Variable		N	%
Age	Young Adult	63	42
	Adult	87	58
Work	Work	51	34
	Not Working	99	66
Education Level	<SMP	72	48
	>SMA	78	52
Health Worker Support	Support	78	52
	Less Supportive	72	50
Family Support	Support	96	64
	Less Supportive	54	36
Service Access	Good	87	58
	Less	63	42
Knowledge	Good	138	92
	Not Good	12	8
Attitude	Good	84	56
	Less	102	44

Table 1.1 It shows that respondents who are young adults <24 years old have as much as 42% and the percentage of adult respondents >24 years old is 58%. The percentage of respondents who worked was 34% and did not work was 66% with the level of education of respondents <SMP equivalent at 48% and the level of education >SMA equivalent at 52%. The percentage of respondents

who have a good level of knowledge is 92% while less knowledge is 8%. The attitude of respondents who have a good category is 56% while the attitude of respondents with fewer categories is 44%. The percentage of respondents who received health worker support was 52% and respondents who lacked support was 48%. Respondents who received family support were 64% and those who lacked family support by 36%. The percentage of service access with good categories is 58% while the less category is 42%.

Table 1.2. *Chi-Square* test results against variables in the study

Variable		N	%	P value
Age	Young Adult	63	42	0.637
	Adult	87	58	
Work	Work	51	34	0.049
	Not Working	99	66	
Education Level	<SMP	72	48	0.713
	>SMA	78	52	
Health Worker Support	Support	78	52	0.001
	Less Supportive	72	50	
Family Support	Support	96	64	0.072
	Less Supportive	54	36	
Service Access	Good	87	58	0.01
	Less	63	42	
Knowledge	Good	138	92	0.397
	Not Good	12	8	
Attitude	Good	84	56	0.001
	Less	102	44	

Table 1.2 shows the *p-value* of the age variable of 0.637, showing that there is no association between age and HIV testing. Although age does not have a cure, adults responded more to HIV testing compared to respondents who are young adults. This study is in line with Fatimah (1015) & liver research (2015) which showed that there is no relationship between age and HIV test behavior. The results of Halim's study (2016) showed the proportion of respondents with old age who did not get HIV screening, which is as much as 30% greater than the young age of 20.8%, with a *p-value* of 0.652 that there is no relationship between age and the behavior of pregnant women in HIV testing.

The work variable shows a *p-value* of 0.049 means that there is a relationship between work and HIV testing. Pregnant women who visit Arga Husada hospital are mostly out of work. The results are in line with Montolalu's research (2016) which showed a relationship between work and HIV testing behavior. The types of jobs that are pursued are housewives, civil servants, and private employees. Work is something that is done for a living or livelihood. The fundamental reason a woman has to have a job is because of the financial need to enrich her personal experience and knowledge, the desire to achieve.

The results of the education level study found that the *p-value* was 0.713 which means that there is no relationship between the variable level of education and HIV test behavior. Most of the respondents were educated at the same level of >SMA. This result is in line with Montolalu's research (2016) which states that education is not related to VCT examinations. This is shown from the results of a univariable analysis that VCT examination is not influenced by the education of pregnant women.

The knowledge variable shows the result that the *p-value* is 0.397 which means there is no relationship between knowledge and HIV test behavior. The results showed that although knowledge was not related to HIV test behavior, respondents with good category control did more HIV testing when

compared to respondents who had fewer knowledge categories. This study is in line with Fatimah's research (2015) that there is no relationship between the level of knowledge of pregnant women about HIV / AIDS and PITC examination.

Attitude variables show a *p-value* of 0.001 which means that there is a relationship between pregnant women's attitudes towards HIV testing. The majority of respondents who had a good attitude and who had done an HIV test were greater than respondents who had fewer attitude categories. These results are indicated by the positive attitude received by pregnant women from health workers or midwives who provide support or motivation in conducting HIV tests so that pregnant women can understand the purpose and results of the HIV test. The results of this analysis are in line with Halim's research (2016) which shows that there is a meaningful relationship between attitudes and HIV testing.

Health support officers showed a *p-value* result of 0.001 where the meaning of the value is that there is a relationship between the role of health worker support and HIV testing. The reason respondents took an HIV test was because of advice or recommendations from midwives. This is reinforced by the recognition of pregnant women who do not understand very well about HIV testing, so they do HIV tests only for safety and security at the time of delivery, in addition, because HIV tests are free of charge or free. The results of this study are in line with Halim's research (2016) which states that there is a relationship between health worker support and HIV screening behavior. The support of the personnel referred to in this study is the support provided to pregnant women in conducting HIV screening, one of which is providing information about HIV, and advice to conduct examinations.

The results of the family support variable showed a *p-value* of 0.072 which means there is no relationship between family support variables and HIV tests. Janet's research results (2012) showed that a *p-value* of 0.000 means statistically there is a relationship between midwife support and test behavior. The study stated that among respondents with good midwife support, the proportion who took an HIV test (60.7%) was greater than the support of fewer midwives (31%). In contrast to the results of the Arwiyantasari Study (2017) also showed that there is a relationship between family support and behavior in conducting HIV / AIDS tests because, in the face of health problems, each individual is in a role relationship with other families, however, this study is in line with Halim's research (2014) that most respondents who lack support with a proportion do not do the examination. HIV (36.4%) was greater than those who received support (18.8%). With the results of the analysis, it was found that *the p-value* was 0.256 which means there is no relationship between family support and HIV screening behavior. The results of the bivariate analysis showed a *p-value* of 0.01 which means there is a relationship between access to services and HIV test behavior. HIV screening services at Arga Husada Hospital are incorporated with *Antenatal Care* services. Pregnant women are required to do a simple laboratory test at the time of the examination visit.

Based on research that has been done on the knowledge, attitudes, and behavior of pregnant women in conducting HIV tests, it can be concluded as follows: (1) There is no relationship between age, education level, knowledge, family support, pregnant women in doing so. HIV test at Arga Husada Hospital; (2) there is a relationship between work, attitude, health worker support, and access to services, for pregnant women in conducting HIV tests at Arga Husada Hospital.

CONCLUSION

Suggestions for future research are expected to be researched using different research designs and can conduct more in-depth research on factors related to HIV testing.

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